MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER 8 1967 Primary Registration District No. 1002 Registrar's No. Registration I .O.C.I DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (When If institution: Residence before 1. PLACE OF DEATH a. STATE KANSAS a. COUNTY JACKSON VS 300 DATE AMENDED WYANDOTTE Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY OR TOWN Length of stay in 1b Inside Limits OR KANSAS CITY Yes No 🕱 5 days KANSAS CITY c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR ADDRESS INSTITUTION St. Marys Hospital Yes 🙀 No 🗌 Yes 🔲 No 🍱 430 North 82nd embo. 8 3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year 3 (Type or print) JAMES RICHARD McENULTY DEATH Sept. 21, 1962 0 9. AGE (last birthday) IF UNDER 1 YEAR | IF UNDER 24 HR 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. Married X Never Married 🗋 Widowed [7] Divorced [7 7/18/1930 Dulmonary male white 11. BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) FOLLOWS U.S.Post Office K.C.Mo. Carrier 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 7 G James T. McEnulty Helen Kelly Marcella McEnulty 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Thrombophle venà ca DOCUMENI ¥ (Yes, no, or unknown) (If yes, give war or dates of service Yes 5605 Mrs Marcella McEnulty 430 N 82nd K.C.K Intracardiac ARE 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 10 RECORD IMMEDIATE CAUSE (a) 11 INSTEAD 1267-Conditions, if any, THIS which gave rise to above cause (a), stating the under-13 DUE TO (c) lying cause last. ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III, If deceased was there a pregnancy in last 90 days. AMENDMENTS inferiorvena □ No 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) tending physi PERFORMED? Month, Day, Year 20c. TIME OF Hour RIBBON embolu INJURY a.m. p.m. USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATÉ 20d. INJURY OCCURRED WHILE AT WORK | farm, factory, street, office bldg., etc.) 00 Ø **LYPEWRITER ′21 /**62 Pulmonary Thrombosi and last saw him alive on 21. I attended the deceased from ati m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred 22b. ADDRESS 22c. DATE SIGNED (Degree or title) 9/24/62 4320 Wornall Rd K.C.Mo 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE AFFIDA Š. REMOVAL (Specify) 9/25/62 Mt Calvary Cemetery K.C.Ks. removal 25. DATE RECD. BY LOCAL REG. 26. REGISTRACS SIGNATURE ITEM 24. FUNERAL DIRECTOR **ADDRESS** 18a JOS. A. BUTLER'S SONS K.C.K (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Russell W Dennis
Signature of Student Embalmer	Licensed Embalmer No. 3462
	P. O. Address & C &

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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